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CONFIRMATION NO. 4694

<b>SERIAL NUMBER</b> 10/726,028	<b>FILING OR 371(c) DATE</b> 12/02/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> LS-002	
<b>APPLICANTS</b> Glenn Butler, Tarrytown, NY;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/430,243 12/02/2002 <i>OK</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>ND</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 03/02/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 31647					
<b>TITLE</b> Wound management systems and methods for using the same					
<b>FILING FEE RECEIVED</b> 574	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		